



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

DEPT. OF HEALTH
AND HOSPITALS

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OFFICE OF THE
SECRETARY

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cc: A. Guidry
JT lane

Kathy Kliebert
Secretary
State of Louisiana
Department of Health and Hospitals
628 N. 4th Street
Baton Rouge, Louisiana 70802

Dear Ms. Kliebert:

Thank you for your letter to Ron Klain and me regarding the U.S. government's plan for the containment, management, and destruction of Ebola-contaminated material. We are deeply appreciative that Louisiana has joined other states and local governments to help ensure that as a nation we are prepared to address future Ebola cases in the United States. We are committed to preventing the spread of Ebola here at home and defeating it at its source in West Africa.

The Centers for Disease Control and Prevention (CDC) has provided detailed guidance to hospitals and health care providers that includes key information about the safe handling, transport, and disposal of waste generated from the care of persons diagnosed with or suspected of having Ebola virus disease (Ebola). This information can be found at <http://www.cdc.gov/vhf/ebola/hcp/medical-waste-management.html>. In addition, the U.S. Department of Transportation (DOT) has addressed the issues associated with the transportation of Ebola-associated waste by issuing specific permits under DOT's statutory and regulatory authority. Information concerning these permits is available at www.dot.gov/briefing-room/us-department-transportation-approves-special-permit-safe-transport-ebola-infected.

Enclosed please find detailed responses to the questions outlined in your letter. We hope this information addresses your concerns and trust that the guidance provided by CDC and DOT will assist the state of Louisiana, as well as other states, in safely disposing of any Ebola-contaminated material. Please do not hesitate to contact me if you have any additional questions or concerns. This response is also being sent to the cosigners of your letter.

Sincerely,

Thomas R. Frieden, MD, MPH
Director, CDC

Enclosure

Centers for Disease Control and Prevention (CDC) Responses to Questions from the State of Louisiana Regarding Disposal of Ebola-Contaminated Materials

1. What does the nationwide plan for incineration of Ebola-contaminated materials require?

The inactivation or incineration of Ebola-associated medical waste materials within a hospital system is largely governed by state and local laws and regulations.

- **Onsite inactivation:** Ebola-associated medical waste can be inactivated through the use of appropriate autoclaves. This can be achieved by submitting materials suspected of being contaminated with Ebola to treatment in an autoclave under a “validated waste cycle” to 121°C (250°F) for at least 30 minutes, depending on the load and packaging, which is more than enough heat and time to kill the virus. Autoclave runs should include a biological indicator (spores) to show that the cycle was effective. Other methods of inactivation (e.g., chemical inactivation) have not been standardized and would need to consider worker safety issues, as well as the potential for triggering other federal safety regulations.
- **Onsite incineration:** Ebola-associated medical waste can be incinerated. Incinerators run at extremely high temperatures, well above the relatively low temperatures needed to kill Ebola virus. Incineration would be the best method for large or bulky items, such as mattresses. Incineration that reduces waste to ash at any temperature kills the Ebola virus. The products of incineration can be transported and disposed of in accordance with standard protocols for hospital waste disposal.

Ebola-associated waste materials that have been appropriately incinerated, autoclaved, or otherwise inactivated are not infectious, no longer pose a health risk, and are not regulated medical waste or hazardous materials under federal law.

In residential and other non-health care settings, CDC provided guidance to state and local health departments to manage cleaning and disinfection that may be required for patients who have been identified as having Ebola. These recommendations are tiered based on the individual’s symptoms. This guidance may be accessed at www.cdc.gov/vhf/ebola/hcp/residential-decontamination.html.

2. What is the plan for states that do not have incineration capability?

From a public health and safety perspective, incineration is not the only way to appropriately treat Ebola-contaminated materials. For example, such materials may be inactivated through the use of appropriate autoclaves.

According to the Department of Transportation’s issuance of specific licenses for transport of Ebola-infected waste, Ebola-infected waste that has not been inactivated or incinerated within a hospital system may be safely transported if properly packaged. Therefore, Ebola-infected waste

may be transferred to an offsite location to be safely incinerated or inactivated if states or hospital systems do not have the capability onsite.

3. Are there any testing requirements for the incinerator ash and if so, what?

There are no requirements for infectious testing of ash. As noted earlier, Ebola-contaminated materials that have been appropriately incinerated, autoclaved, or otherwise inactivated are not infectious and no longer pose a health risk.

4. What are the requirements for the disposal of the ash?

The disposal of ash is governed by state and local regulations. From a public health and safety perspective, ash from Ebola-contaminated materials may be taken to a landfill or anywhere else that accepts ash from medical waste. Ash from incinerated Ebola-contaminated materials is not infectious, does not pose a health risk, and is not regulated medical waste or a hazardous material under federal law.

5. What is the plan for rejection of Ebola-contaminated waste by incinerators?

If incinerators reject Ebola-contaminated waste, it can be properly packaged and transported to a location where it may be inactivated by appropriate autoclaves.